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Communications.

PATHOLOGY AND TREATMENT OF ULCERATIVE INFLAMMATION OF THE SPINE.

Certain Errors in regard to the Pathology and Treatment of Ulcerative Inflammation of the Spine, commonly called "Pott's Disease."

By Benjamin Lee, M. D.,

Of Philadelphia.

Read before the Medical Society of the State of Pennsylvania, at its sessions at Altoona, June, 1865.

I have been led to prepare this paper by the frequency with which, in the past two years—during which time I have been devoting myself more especially to the study of diseases of the spine and spinal cord—I have seen the integuments of the back seamed and scored and furrowed by the scars of the seton, the issue, the moxa, and the cautery; and the regularity with which these appearances have been accompanied by serious, generally irremediable deformity, has been remarkable. The question gradually forced itself upon me—Is this treatment, painful in its application, and exhausting in its operation, sustained by the test of experience or founded on the basis of reason? The numbers of unfortunates whom I saw, who bore unmistakable traces of having fully tested the benefits of this mode, and in whom the disease was still unchecked, or checked only because the deformity had reached its natural limit before the patient had succumbed to its deadly power, gave a sadly eloquent negative to the first clause of the question. Let us briefly consider the second.

If we ask one set of practitioners what is the theory which leads them to adhere to a plan of treatment for the efficacy of which results tell so poorly, we shall be answered that this disease consists essentially in a strumous or tubercular deposit in the substance of the vertebra, and that they rely on this process of counter-irritation and derivation to prevent this deposition if it has not already occurred, or to remove it if it has. As regards the first of these suppositions, I have only to say that I have seen but one case in which the disease had been recognized before a projection of one or more spinous processes had occurred. This projection can have but one cause, viz., destruction of the vertebral substance, (if the disease be supposed always to originate in the osseous tissue,) and this loss of substance presupposes the previous deposition and softening of the tubercle. As far as prevention goes, then, we may safely consider the treatment as chimerical, the opportunity almost never presenting for its trial; although, even if it did, it is difficult to see in what way this irritative ulceration of dermis and areolar tissue could avert the blow which a vice of the constitution was aiming at the centre of a subjacent bone. How then is it proposed to eliminate this noxious material? Is it to be bodily extracted through the protruding orifice in the skin? Is the theory with which a female hydropathic practitioner once startled and confounded me when I found fault with her terribly critical eruptions—"that the stuff is in there and must come out,"—relied upon? Or is a part whose vitality was already so low that it could not resist the encroachments of this destructive stranger, to be strengthened and energized to expel it by exhausting the vigor of contiguous but utterly dissimilar tissues? Does any practitioner now-a-days attempt to drag out the monster from his lair, by applying setons or issues over the chest in pulmonary phthisis, or over the abdomen in tubercular disease of the intestinal canal? Is not our aim rather, by husbanding every particle of the patient's vital energy, by providing food easy of digestion and assimilation, by surrounding him with favorable hygienic influences, and removing irritating causes, so to modify and improve the processes of nutrition generally, and hence locally, as to enable the region affected to assert its inviolability, and render the intruder innocuous? Why then should those who believe in the tubercular essentiality of the disease in question adopt this singular mode of attack in this instance alone?

But there are those who deny this essentiality—who say that caries of the spine does not necessarily presuppose a vice of the constitution—who claim, on the contrary, that in the vast majority

of cases it is the result of local injury, sometimes, it is true, aided and aggravated by a defective condition of the nutrition at the time of its receipt, but yet primarily traumatic in its origin—the local irritation *inducing* the cachexia, and not dependant upon or resulting from it. That a circumscribed focus of irritation, the result of external injury, is fully capable of inducing a purely cachectic condition even in the most robust individual, what one of our army surgeons, who has before his mind's eye the sad scenes of the past four years, doubts? Indeed, our most reliable recent authorities go so far as to question the possibility of the existence of tubercular deposits in bone. Mr. Barwell, in his "Treatise on Diseases of the Joints," says, (p. 231,) "Tuberculous deposit in bone is, I believe, very rare; when it does occur, it is a *result* and not a *cause* of osteitis." He continues—"Dr. Cornelius Black has published some observations on what he terms "tuberculous bone," but he has described under that name what I believe to be filling of the cancelli by granulations from their lining membrane, the gradual thinning of their walls and enlargement of their cavities, with just that sort of generation of bone which we find in a not very far advanced degree of caries. There is no proof that the material which he found stuffing the cancellous cavities was tubercle. Mr. P. C. Price, in his little pamphlet on 'Excision of the Knees,' refuses to discuss the tuberculous or non-tuberculous nature of deposit in spongy bone; but he assumes a peculiar nature for the deposit under the character of a morbid material which partakes more or less of the nature of struma, as developed in other localities of the body." In chapter V., of the present work, was discussed the mode in which tubercle was formed from granulation, and it is unnecessary to go over exactly the same ground in the present instance. We must however mention the undoubted fact that many an old and disiccated purulent deposit in bone has been mistaken for tubercle; the position in spongy bone which favors pressure, the assumption therefore of a peculiar form by the dried concretion, and the fact that such pus consists of broken down and disintegrated cells with granules, etc., render the distinction extremely difficult. I must confess that I could accept no case as undoubted tuberculosis of bone unless some of the deposit was in a state of crudity. It must be remembered that when we find tubercles in other organs, even though most of the material may be in the farthest advanced stage of softening, some will very nearly always be crude; but I am not aware of any observations of crude tubercles in bone."

Some of the most eminent German pathological histologists even go so far as to deny altogether the existence of such an element as a specific tubercle cell, declaring that inflammation is capable, unaided, of producing all the morbid formations generally considered characteristic of the tubercular degeneration. Without following them into their very free discussion, let me call attention to the remarks of Dr. Bauer, of Brooklyn, on this point, as more especially affecting the disease in question. In the course of his "Lectures on Orthopœdic Surgery," lately published in the Medical and Surgical Reporter," he holds the following language: "Before closing the chapter on the causation of posterior deformity, we propose to offer a few remarks on the constitutional causes of this difficulty. In every hand-book of surgery, scrofulosis is generally charged with the mischief. Now, gentlemen, it would be folly on our part to deny *in toto* such constitutional causes that derive their existence from bad hygiene and deranged nutrition. We acknowledge them to the extent of their reality, but consider it equally unjustifiable to enlarge their part in the disease by hypothesis or arbitrary adjustment, as is so frequently done. If we can clearly establish other plausible causes of the trouble, why should we recur to a strumous diathesis? A healthy child may meet with an accident; deformity of the spine may ensue in an insidious way; the constitution becomes necessarily infringed; the patient anemic and attenuated from pain, want of rest and appetite. Thus we have the ordinary effects from ordinary causes, as we can observe them in daily pursuit of our vocation, a clear case throughout." Further on he says: "As a general thing the deformity has existed for some time; has considerably advanced, and has already made some impressions upon the constitution of the patient when your attention is invited. The apparent absence of all external causation, and the constitutional derangement along with the curvature, have misled so many authors to presume the pre-existence of dyscrasia, or, as it is called, a strumous diathesis. These suppositions, we opine, are utterly devoid of foundation. Careful and patient investigation will mostly discover the fallacy."

For myself I base my conviction that the disease is generally of the nature of a simple inflammation, often the result of external violence, upon one single fact, viz., the results of appropriate treatment. It is evident, as before remarked, that the mere presence of a tubercular deposit in the body of a vertebra is not of itself capable of producing deformity. To effect this result the

tubercular mass must have begun to soften, the hard lamella of the outer surface must have been broken down and dissolved. In other words, the tubercle is not encysted and undergoing the innocuous calcarization, but is passing into its second stage of destructive degeneration. Now is it possible to conceive that a mere mechanical relief from pressure and concussion at the seat of this actively and essentially destructive process, constantly stimulated as it is by a *vis a tergo*, the vice of the constitution, which not only shut out the advance guard of the disease, but with every pulsation of the heart is hurrying up reinforcements,—is it possible, I say, to conceive that the simple relief of pressure and mechanical irritation at this point, without the slightest attempt to combat the constitutional taint by general medication, could cause an abrupt cessation of the immediate suffering, or rapid abatement of all the general constitutional symptoms, the complete disappearance of the cachectic diathesis, and final restoration to health? And yet this result I have seen over and over again, in every stage and every type of the disease. I cannot then bring myself to accept the generally received opinion that caries of the vertebræ originates in tubercular deposit, or even necessarily in any so-called diathesis.

Following a similar train of reasoning, Dr. Lewis A. Sayre, Prof. of Orthopœdic Surgery in Bellevue Hospital Medical College, New York, whose experience on the subject of which he is treating is probably as wide as that of any man in the country, says of the cognate affection, *morbus coxarius*, "The nature and causes of this disease have been of late years a matter of much discussion with the profession, the great majority regarding the disease as connected by necessity with, and originating in and from, the strumous diathesis; that scrofula and hereditary syphilis are the nidus whence alone this disease can arise. But this is a decidedly erroneous view of the truth; a view that is being rapidly dissipated by constantly developing facts.

"That *morbus coxarius* may arise in children whose constitutions have been vitiated by the sins of their ancestors, no one will attempt to deny; for such children are evidently more liable to the disease than those who stand upon a firmer constitutional basis. But that *morbus coxarius* may arise in a child whose constitution is uncontaminated by hereditary taint, and who is perfectly healthy, the observations of every day fully substantiate. I believe that many have attributed the source of this disease to a strumous origin, simply from the *appearance* of the patient, whose emaciated spanœmic condition is regarded as the *cause*, when it is in reality the *result* of the disease.

"I have seen children of perfectly healthy constitutions, in whom the disease arose from an evident traumatic cause, so reduced in the course of a few months by the pain and sleeplessness attending the disease, as to present in a very marked degree appearances which strongly simulate the strumous cachexia. And I have seen robust health and the ruddy cheek restored to these same children by timely surgical aid, together with proper constitutional treatment." After enumerating some of the direct causes of the affection he says: "What I wish to establish is this—that, although the disease in different individuals arises from very different causes, *yet it never arises in any individual from a purely idiopathic or constitutional cause.*"

To be continued.

REMITTENT FEVER.

By George Cowan, M. D.,
Of Danville, Kentucky.

I have been observing for some time past, (about three years,) a species of disease I have diagnosed and treated as remittent fever, of which I thought I would submit you a few rough notes. It usually prevails here as an endemic in the spring, or rather immediately after the opening of settled warm weather, and after the occurrence of heavy rains. Our season of spring-time has for several years been ushered in by *very long* and *unusually* large falls of rain. The small streams have every time washed off fencing and bridges, which were formerly above all the old high-water marks. At the termination of the wet weather we have the first warm days of spring, and in a few days after, the disease commences, usually with the prodromes of fever. First a chill, then severe general headache—no particular region complained of. The febrile symptoms are vaguely defined, however in most of the cases; the skin is nearly natural as to temperature during the first part of the twenty-four hours, and the pulse weak and varying in rapidity from 100 to 130. By the middle of the day, however, a very *slight increase occurs*, both in the rapidity of the circulation and heat of skin. The usual loss of appetite and thirst are also observed. In half a day, or twenty-four hours at the furthest, however, the most marked symptom of the case is to be observed. The stomach becomes most distressingly and intensely irritable, the pulse smaller, weaker, and more rapid, and continues so sometimes until a severe attack of acute

gastritis will ensue, if the disease is not arrested. Indeed, from the beginning in some cases there is *obstinate* and *persistent* vomiting, and by the time a physician is called in to see them, all his energies have to be directed to control it. At first, not having recognised its malarious origin, I addressed my remedies simply to the task of controlling this one feature of the disease, but was invariably early foiled, the stomach *soon* becoming intolerant of the blandest food or the mildest medicines.

I soon discovered my mistake, and began the use of enemas of quinine and opium in large doses with the happiest results; always—with the exception of one case, which proved fatal from acute gastritis—giving marked relief as soon as quininism was to the slightest degree attained. The same localities only are subject yearly to this disease, and from the topography of the country, taken with the meteorological condition of the season, the conclusion I think inevitable, (and the results of the treatment strengthen it also,) that the endemic is of malarious origin altogether, spending primarily its force upon the great sympathetic, and secondarily upon the stomach, more than an any other organ. Is it cerebro-spinal meningitis? I, for one, "can't see it." But others do—doctors learned and good.

ON DISEASES OF THE INTERNAL EAR.

By Laurence Turnbull, M.D.,

Aural Surgeon to Howard Hospital, Philadelphia.

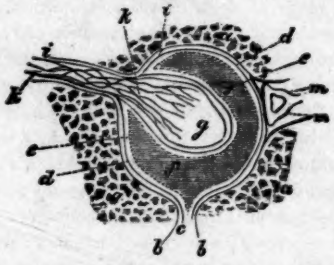
(Continued from Vol. xii., page 524.)

The Histological Relations of the Various Structures of the Labyrinth.*

The terminal extensions of the ramus cochleæ and the ramus vestibuli have been made the subject, at an early period of microscopical investigations of high authorities, such as Corti, Köllicker, Claudius, Böttcher, and others, who have given especial attention to the subject, and Max Schulze, who has given the latest discoveries in Müller's *Archives*, No. 4, 1858.

Although the researches are not yet terminated, yet it appears to be settled that the R. cochleæ contains ganglion cells in its course between the zonula ossea, whilst none have been shown in the R. vestibuli, and also that neither ends in free extremities, but in peculiar epithelial elements, which are surrounded by water, and form vibrating mediums for the ends of the nerves, and in this manner convey the sound vibrations from the water to the nerves. For the sake of diagnosis, I will give a simplified representation of these relations in a diagram, (Fig. 1,) but I must refer to special monographs for more extended information concerning the histology.

Fig. 1.



In the petrous portion of the temporal bone *aaa*, there is a cavity *ff*, filled with water, viz., the labyrinth water, surrounded on all sides with bone, except anteriorly toward the tympanum, where it is bounded by a membrane (the membr. fenest. ovalis) with which a moveable bone (the stirrup) is in contact. In the water of this cavity floats a second membranous bladder (*g*) filled with water and sand, on the commencement of which branches out the auditory nerve (*i*) accompanied by the auditory artery (*k*). The outer periosteum of the bone (*bb*) penetrates into the cavity through a closed opening (*c*) (the aqueduct) and lines its walls, as well as the membranous bladder as an inner periosteum (*dd*) covered with a special epithelial structure (*ee*).

The membranous bladder represents the little bulbs (!) of the vesibule and the ampullæ of the membranous semi-circular canals, and is to be considered as merely a means of spreading out the nervous structure.

We will give a similar diagram of the histological relations of the cochlea in Fig. 2, *aa* repre-

Fig. 2

sents a portion of the bony walls of the modiolus of the cochlea; *bb* the surface of the cochlea.

* From Erhard.—Rationelle Otiatrik nach Klinischen Beobachtungen bearbeitet. Erlangen, 1839.

From the modiolus proceed two fine converging sheets of bone *cc*. which form the zenula ossea of the lamina spiralis. Into the internal cochlear canal the external periosteum *dd* enters through a closed opening *e*, (aqueduct,) and covers the walls of the former as an internal periosteum *ffffff*. In like manner as it covered the membranous bladder in the vestibule, so must it here cover the zenula ossea, and thence joining the bony walls again, it forms the zenula membranacea *gg*. It is covered also here with an epithelial layer *hhhh*, and secretes the water of the cochlea. The R. cochlea *p*, accompanied by the cochlear artery *i*, enters through the lamina spiralis between the sheets of bone *cc* of the zenula ossea, and extends itself into the periosteum *f'f'*, only underneath, toward the scala tympana (*k'*).

As we have considered the cochlea and semicircular canals as, physiologically, only an acoustic appendix of the vestibule, since they are all three constructed on the same acoustic principle, so in like manner may we view the lamina spiralis and the membranous ampullæ as, histologically, an extension of the membranous vestibule, *i. e.*, the little bulbs (!), for all these structures have but one object, viz., to furnish for the delicate ramifications of the auditory nerve and the accompanying capillaries of the auditory nerve and vein a vibrating point d'àpperi.

Therefore, for the purpose of facilitating the diagnosis of structural changes in the labyrinth, I give to all these structures, (lamina spiralis, sacculi, and membranous ampullæ) so far as they are bearers of the auditory nerve, the one general name of auditory nervous tunica, or nervous tunic of the labyrinth, (or retina of the auditory nerve.)

So-called Nervous Hardness of Hearing.

CONTENTS AND DIVISION.

Under "so-called nervous hardness of hearing (Dysecoia nervosa, amaurosis of the hearing,)" I include all those pathological processes within the entire nervous apparatus which impair the normal power of hearing, and I separate them, as has already been said, according to their seat, into three great

GROUPS:

Dysecoia nervosa centralis, the pathological cause of which is to be sought for from the origin of the auditory nerve to its exit from the pons.

Dysecoia nervosa basilaris, the pathological cause of which must lie in the course of the auditory nerve between the pons and the porus acuticus internus, and on the basis of the cerebri.

Dysecoia nervosa peripherica labyrinthica, the cause of which is found in the peripheric course of the auditory nerve.

It should be the aim of rational otiatrics to discover the same pathological processes and laws here, that scientific medicine has established in the diseases of other structures, and especially in the one which is most analogous, viz., the retina

DIAGNOSIS.

The common pathologico-physiological symptom of all those who are affected with nervous hardness of hearing, is impaired conduction of the bones of the head, varying in degree, so that a cylinder watch is never heard, my case watch only seldom, and then only very faintly, whilst on the contrary, the continued vibrations of a tuning-fork can almost always be perceived.

The cause of this impaired conduction from the bones of the head is twofold, either the conduction of the sound vibrations of the labyrinth water is impaired, or the nerve endings have lost their specific energy.

"The first we call organico-nervous, the last dynamico-nervous hardness of hearing, and experience teaches us that the tuning-fork is always heard in the first."

The following points will serve to distinguish the seat of the malady into three principal groups:

1. *How is speech understood by those who are affected with nervous hardness of hearing, and what relation does it bear to their power of hearing watches?*

The less the power of understanding speech is affected, the greater reason have we for considering the seat of the affection to be in the course of the ramus vestibule; the more it is affected, the greater reason have we to consider the seat of the affection to be in the periphery of the nervous cochleæ, or in the central portion of the nervous apparatus.

2. *The tone of the voice.*

Many practitioners take the patient's word for it that he is hard of hearing, but this subjective method of diagnosis lacks precision. According to my observation, when an individual is affected with hardness of hearing as not to hear his own speech, he then loses the power of modulating his voice, and accordingly either speaks too loud or screams, or else speaks too feebly or whispers. It is known that, independently of this, there is another modification of the voice in those who are entirely deaf, as for example, in deaf-mutes, for in them it loses its timbre, and is dismal, toneless, barking, and like that of the brute creation. Experience teaches us that the secondary

symptom in the organ of speech does not depend on the degree of the hardness of hearing, but on its origin.

"Only central nervous pathological processes at the origin of the auditory nerve can occasion it."

If then some fasciculi or fibres of the auditory nerve at its origin remain unaffected, it may happen, as we see in some deaf-mutes, that a considerable power of hearing may co-exist with the toneless voice above referred to, whilst we never see this in those who are affected with acoustic or peripheric nervous deafness.

3. *Topographical Anatomy.*

If a case of nervous hardness of hearing is complicated with symptoms which indicate that the cerebellum is involved, such as loss of equilibrium, uncertainty of gait, staggering, trembling, uncertainty in standing, often a quick bending, etc., we may consider it a case of central auditory anæsthesia.

If violent headache, meningeal symptoms, especially vertigo, swooning, and especially paralysis of the facial nerve are present, we have reason to believe the case one of dysecoia basicalis, for we have seen how seldom (in comparing it with the usual belief) (!) the facial is affected in dysecoia acoustica.

If these symptoms are all wanting, then we have to do with a dysecoia labyrinthica.

4.

Whilst we have as yet only allowed ourselves to draw conclusions concerning the seat and origin of the disorder, we shall now be authorized to do the same for the form and nature of the disorder, and for the probable pathological changes.

Nervous hardness of hearing which is painless and occurs abruptly, indicates hemorrhage or apoplexies, whilst one attended with pain indicates an inflammatory exudation. That which comes on in a subacute or chronic form indicates hyperæmia and its results, such as induration, etc., as does also the lack of any true anæsthesia or atrophy of the membranous labyrinth.

5. *Symptoms connected with the hearing.*

A nervous hardness of hearing, which is not constant excludes from diagnosis exudations and degenerations, and indicates an impaired nutrition, blood-circulation, or innervation, or a sympathy with and dependence on a morbid condition of others, or a so-called reflex deafness; the constant form, on the contrary, proves the existence of material changes. All material changes must commence and continue with subjective symptoms relating to the hearing. Absence of all subjective hearing can therefore only occur in cases of complete central deafness, or if that does not exist, with complete integrity of the nervous tunics of the labyrinth, or with a true dynamic, neurose, and fatty degeneration of the auditory nerve.(!)

[To be continued.]

BIOGRAPHICAL SKETCHES
OF
Distinguished Living New York Surgeons.

By Sam'l W. Francis, A. M., M. D.,
Fellow of the New York Academy of Medicine.

No. 14.

Julius Stephen Thebaud.

This skillful, popular and successful surgeon was born in Morristown, in the State of New Jersey, on the 28th October, 1827. His parents, American by birth, were blessed with twelve children; nine sons and three daughters. All of them are still living, with the exception of three of Doctor Thebaud's brothers. Young Thebaud, the subject of the present sketch, though enamored of literary attainments, and cultivated as to general reading, never availed himself of the benefits to be derived from a classical education; but as soon as his mind sought improvement in the higher orders of self-culture, entered the offices of Drs. Sabine and Lewis A. Sayre, in New York city; read medicine in earnest, and pursued, with laudable zeal, the instructive ramifications of anatomical investigations. In a short space of time he matriculated at the College of Physicians and Surgeons, and was formally graduated under the auspices of the University of the State of New York in 1849, when but twenty-two years of age.

Remaining in the city but a few months after receiving his diploma constituting him M. D., he took passage within a few months for Europe, and passed the years 1849–50 and '51 in making the tour of the continent; comparing the French with the English schools of practice; storing in his maleable mind the instructive precepts of the German philosophers, and seeking to derive a healthy benefit from the varied advantages resulting from this mixed course of study.

Nor did he neglect the schools of Italy, where so much attention is paid to diet. Thus many of the embryotic theories of sound men find their way across the wide Atlantic. This general method of medical sight-seeing, together with a proper appreciation of the rare collections of anatomical specimens to be found in the spacious halls of foreign museums, has proved of no little value to

Dr. THEBAUD, in the daily rounds of surgical practice. Here and there some Gallic instrument of constitutional torture, or the excelling qualities of a Teutonic sound, has passed the just criticism of his mechanical scrutiny; and the seeds sown in his earlier days of student life have grown into the happiest results, and brought forth the fruits of superior judgment.

On his return to this country, in the latter part of 1851, young THEBAUD was appointed Surgeon to the New York Dispensary, October 21st. This charitable asylum has been the stepping-stone of many prominent practitioners now taking rank as among the first doctors in this morbific city. In 1851, October 31st, he was also appointed surgeon to the French Benevolent Society, and on the 10th March, 1853, to the responsible position tion of surgeon to the Demilt Dispensary, a nucleus for hospitable kindness to the diseased poor, which was the beneficent donation to New York, from the excellent lady of good deeds, whose name it bears.

Unless one were to put down in figures and carefully add up the number of patients who annually seek for, and obtain relief, it could not enter into the mind of man to conceive of the enormous per centage, who live by means of this medico-surgical franchise. And this does not include the many thousands who reside in poor-houses or visit the surgical clinics of the several Colleges. Even the attending doctors themselves are amazed after the perusal of the yearly report of the resident physicians.

On the 9th January, 1854, Dr. THEBAUD was elected attending surgeon to the Colored Home Hospital, where he operated successfully on rare and dangerous cases, which involved surgical knowledge and constitutional treatment of no ordinary stamp.

In 1857, April 1st, we find him filling the responsible position of surgeon to St. Vincent Hospital, whose devoted "sisters" and unsurpassed "lint," have set a noble example to many similar institutions.

In 1858, July 12th, he was duly appointed surgeon to St. Vincent de Paul Asylum, and subsequently occupied the same official capacity, October 4th, 1858, in the Orphan Asylum out of town, whose origin was due to the pure heart and gifted benevolence of Mrs. JOHANNA BETHUNE, the mother of Rev. Dr. BETHUNE, of high literary and clerical attainments.

Dr. THEBAUD selected as the subject of his thesis "the Fœtal heart-sound in Pregnancy:" and has ever since taken a deep interest in all that pertains to child-bearing, and the physiology of fecundation. In fact his specialty for many years has been essentially, treatment of the genito-urinary organs. Not long since while visiting Dr. THEBAUD, he explained to me a new instrument, invented by him after careful ratiocination and many important experiments, which has for its object the forcible rupture of the urethra for chronic strictures, etc. The purpose is two-fold. Firstly, the immediate relief of annoying troubles; and secondly, by this rapid cure the saving of many doctor's fees, by condensing into one fat bill of exchange on health, what by the continued daily or otherwise employment of the sound or bougie, etc., would take time to mitigate contracted troubles, and effectually relieve the fiscal pouch of over anxious patients. TIEMAN, the successful manufacturer of surgical instruments, is now making one for Dr. THEBAUD, which will prove the correctness of his views and the efficacy of the treatment.

In 1852, May 10th, Dr. THEBAUD was elected a member of the New York Pathological Society; and since that time has not been unmindful of its best interests. This institution is productive of a vast amount of good, and in no slight degree affords ample facilities for a substantial basis on which to found able discussions and sensible theories relative to the diseased body. Provided with an excellent museum, which can boast of some rare specimens of morbid growth, it bids fair in a few years to stand on its own foundation, and become the nucleus of many classified departments. Many there are who have been aided in their investigations, and benefited as to the treatment of their afflicted patients by a regular attendance at the stated meetings. Doctors have not always the time or means to write an elaborate article on some new specimen or enlarged tumor; but willing are they to state briefly their case; tell the simple story of "sudden death" and its cause, and leave the subject to equally interested associates, to relate their experience and bring to bear analogous items. The profession at large are interested in its progress. The time is not far distant when a suitable building will be erected with its appropriate title of New York Academy of Medicine. And why would it not be equally proper to lay the foundation of a New York Pathological Society, with a large museum, whose spacious shelves should not only contain all that could be ascertained concerning man's physical misfortunes, but also a department where *relative pathology* displayed to view the destructive troubles of the animal creation?

In 1859, September 7th, Dr. THEBAUD, became a Fellow of the New York Academy of Medicine,

whose genial and harmonizing President, Dr. Anderson, has for so many years been its efficient head. In 1862, October 18th, he was duly elected a member of the Medical and Surgical Society, and seeks in every way to improve himself, relieve the sick, and instruct the ignorant.

Dr. Thebaud, is one of those few surgeons who can boast of having successfully performed the hip-joint operation. He has tied the carotid in a child, but six months old, for aneurism. Also ligated many other arteries for similar affections, and performed most if not all of the important operations on the living subject.

In the summer of 1855, a patient, æt. 23, waited on him and stated his trouble—an enormous circocele. This was the result of thirteen years growth; the young man was the subject of profound melancholy, and nocturnal emissions occurring three and four nights in succession, and not unfrequently three times the same night. This state of affairs called for immediate action, lest he should sink under the prostrating effects of the unusual drain on his already weakened constitution. Dr. Thebaud proposed an operation—as all the palliative treatment of former physicians seemed to have proved of no benefit.

The young man at first refused and left, but subsequently returned and yielded to the operation. His memory had rapidly failed. On making the final examination, the scrotum was found to be nearly double its size since the Doctor's first sight of it, about a year before. The right testicle was forced up against the external abdominal ring, while the left, to use his own words, "was soft and flabby, and almost imperceptible among the numerous convolutions of veins by which it was surrounded." Though informed this time that patients lost their lives occasionally either during or after this operation, he stated that he was desperate and would submit.

On the 6th of January, 1857, assisted by Drs. Van Buren, Metcalfe, and Thomas, the young man's father, and Dr. Quimby Stiger, Sr.—being put under the influence of ether by Dr. Thomas—an incision was made through the skin and cellular tissue from the external abdominal ring to nearly the lower extremity of the scrotum. The veins were carefully dissected out and separated from the vas deferens and spermatic artery, and a double ligature was then placed around the unnatural bunch as high up as practicable. These distended veins were now cut through just below the ligature, dissected down the artery and vas deferens to the testicle and around it, about which they were found very thick. The bleeding orifices were all tied, and four ligatures placed on the lower openings. The affected testicle was found to be healthy, though very flabby and much atrophied. The wound was then closed as is usual, and cold-water dressings applied. The patient continued to improve, and on the thirty-fourth day the double ligature came away, after eight days of firm traction.

Dr. Thebaud also operated for aneurism of the sub-clavian artery, at the Colored Home. Though the patient subsequently died of prostration, there are some points in the history of this case worthy of honorable mention.

David Butler, æt. 49, a chimney-sweeper by occupation, entered the Colored Home Hospital January 8th, 1858. His general health had been good up to about three years before, when a small tumor made its appearance in the right axilla, but would disappear on pressure. Some degree of pain was occasionally experienced. The increase of size occurred about one year before he applied for admittance; and a few months after this, it grew rapidly, caused much suffering, prevented his working, and crowded the shoulder upward and outward. The arm of the affected side was twice its natural size, and he had lost the power of using it.

After the tumor had been cleanly dissected, it measured twenty-seven inches in circumference. On first examining the tumor, Dr. Thebaud could feel no pulsation, but after the patient was confined in bed for a few days it grew softer and auscultation revealed the aneurismal murmur.

On the 26th of January, Dr. Thebaud applied a ligature to the sub-clavian just outside the scalenus muscle, without any untoward circumstances to oppose a speedy recovery. The patient was replaced in his bed at 4½ P. M., and by 6 P. M., had recovered from the effects of anæsthesia, and at once asked for something to eat, complaining of much pain at the posterior part

of the tumor. A cushion was then placed under it, and brandy given.

Time.	*Pulse.*	*Respiration.*	*Remarks.*
6 P. M.	154		Took some brandy.
10	130	30, stertorous.	Sleeping.
11.40	100	30	Perspires freely, skin hot. temperature of hand and forearm diminish'd.
Jan. 27.			
7 A. M.	102	40, blowing.	Unconscious during the night.
9.45	104	42	Face clammy. A pint of urine passed involuntarily.
12.30 P. M.	120	45	
3.30	112	35	Skin warm and less moist.
5			Died.

The condition of the respiration and the firmness of the contraction of the maxilla, prevented the administration of as much brandy as was desirable.

The above table, furnished me by Dr. THEBAUD, is not only interesting in its statistical connection, but the balance and alternation of pulse and respiration lends additional importance to a remarkable case. In writing to me on the subject, Dr. THEBAUD said: "The difficulty of the operation consisted in the great displacement of the vessels, and the shoulder being elevated by the enormous tumor above the level of the head." This is the largest sub-clavian aneurism ever treated.

Hospital Reports.

PHILADELPHIA HOSPITAL,
February, 1865.

MEDICAL CLINIC OF DR. J. M. DA COSTA.

Reported by William H. Ford, M. D., Resident Physician.

Cardiac Asthma.

CASE 1. I. S., æt. 81. This patient has been subject to paroxysmal attacks of dyspnœa for a long time, which have lately become worse. The dyspnœa is temporarily increased by exertion, and by lying down. The period of these attacks is variable. He complains of a feeling of suffocation. His look is anxious, his face pale, and his lips of a slightly livid color. His appetite is poor, and his sleep is often disturbed by distress in breathing.

Difficulty of breathing may be due to an affection of the heart, to obstruction of the circulation in the lungs, to disease of the brain, or medulla oblongata, etc.

By examining the lungs there is found normal resonance at the posterior part of the lungs, and a low rude murmur with some rales over the left lung. This condition exists at the anterior part of the chest. There is bronchitis on the left side. This, however, is not enough to account for the dyspnœa. The heart has an extremely feeble impulse; it is softened and flabby. Here, then, may be the primary cause of the difficulty in breathing. We must not stop here in our examination, for asthma is sometimes produced through the medium of the reflex system. For example, reflex abdominal irritation, originating in disease of the kidney, may produce it. This is a point which may make great difference in regard to the success of the treatment. There exists in this case some abdominal soreness over the region of the liver, and this organ is somewhat enlarged. This may tend to aggravate the asthma, but it is not sufficient to cause it. The organic disease of the heart is the cause to which we can most consistently refer the persistent difficulty of respiration.

CASE 2. J. W., æt. 61, native of Philadelphia. Until about three months ago this man states that he was perfectly healthy. About that time he was seized with a difficulty of breathing, followed shortly afterward by œdema of the feet and legs, and swelling of the abdomen. He complains of no pain, but a feeling of smothering, especially when he attempts to lie down, so that he has been obliged to sleep in the erect posture. Exertion of any kind aggravates his suffering. He has had cough accompanied by frothy expectoration.

Respiration, thirty-six in the minute, and labored; cough with free expectoration; rales, both dry and moist in both lungs, though no special impairment of the respiration; bellows murmur at the mitral valve. Here, again, there is difficulty of breathing connected with disease of the heart. There is congestion of the pulmonary circulation; an effusion of serum has taken place as a result, and hence the rales. The dropsy of the abdomen and legs is the result of this cardiac disease. This is another case of cardiac asthma.

In one case it is associated with dropsy, congestion of the lungs and dry and moist rales, and in the other with bronchitis.

Treatment. CASE 1. Tonics are specially indicated. Let him take of extractum ignatiæ alcoholicum, gr. ½, and of quiniæ sulphas, gr. ss, three times a day.

Attention must be paid to the digestive system; the bowels must be kept regular. An infusion of juniper berries may be used with decided benefit.

We must try to invigorate the heart. Should the breathing become excessively oppressed, we will administer ten drops of the tincture of digitalis with a teaspoonful of the fluid extract of

valerian, or of the ammoniated tincture of valerian, every four hours.

It might be asked if it is proper to give digitalis when there is feeble circulation. Yes, it may be administered with safety and with marked benefit, for a limited period, in cases of impaired cardiac circulation. It is well borne, and is not injurious in its effects.

In case 2, we will first endeavor to get rid of the dropsy, for the distended abdomen prevents the proper movements of the diaphragm, and thereby impedes respiration. This is to be done by means of the kidneys which are in a healthy condition, as an examination of the urine has proved. Fifteen grains of the acetate of potassa may be given three times a day, assisted in its work by an occasional purge by Rochelle salt in two or four drachm doses.

The pulmonary symptoms depend upon congestion of the lungs. We may assist expectoration by half fluid drachm doses of the syrup of squill given three times a day. In both cases good effects may be derived from the application of dry cups to the chest. Cups may be applied every night, if necessary.

A Case of Mixed Fever, being a Combination of the Typhoid and Typhus Elements.

E. H., æt. 35. This patient has been an assistant in the medical wards, where both typhoid and typhus fevers prevail. She had been feeling unwell for a week prior to her admission to the ward as a patient. When admitted, about four days ago, her mind was dull, and she was disposed to sleep. She has had frequent and weak pulse, heated skin, dry tongue—coated in the centre and red at its tip, slightly tender abdomen with some tympanites. She has daily had from one to three (lately three,) semi-fluid evacuations, of a dark yellowish color.

Numerous small reddish and purplish spots have appeared, covering the whole surface of her body. Some of these entirely disappear on pressure; others are only slightly modified.

There are some peculiar symptoms in this case which are worthy of observation. To-day, her tongue is dry, coated in the centre, and red at its edges; pulse, 120, and feeble; abdomen swollen and tympanitic; bowels loose; abdomen tender, but not remarkably so. She is decidedly stupid, and gives no intelligent answers. Her pupils are sluggish, and the expression of her eyes is dull.

What is this case? The abdominal symptoms are only tolerably well marked, but an eruption appeared on the fifth day all over the body, which is much coarser and redder than the eruption of typhus fever.

This is a mixed case of fever, and it proves how kindred these two adynamic fevers are, and how strangely blended, and interchanged they sometimes become.

We have the symptoms of both fevers apparent. It looks most like typhoid fever, but we have an eruption appearing on the fifth day all over the body. How can we explain this? The early eruption, which appears due to a vitiated condition of the blood, may soon fade away and be followed by the ordinary typhoid fever eruption, and the fever continue in its course as one of the typhoid character. A case of this kind occurred in this hospital a few years ago, in which about the fifth day of the disease a dark colored petechial eruption appeared. In a few days this eruption faded, and the rose-colored spots of typhoid fever became perceptible on the chest and abdomen; the fever ran its course with the typhoid character, and terminated favorably.

It thus occasionally happens that these two kindred diseases are strangely blended together.

Jefferson Medical College,
April 12th, 1865.

Surgical Clinic by Prof. Gross.

Reported by William T. Bullock, M. D., of Rhode Island.

Nevus.

E. L., two months old. This child has a nevus, or "birth-mark," of the size of a large almond, situated in the medial line between the chin and the neck. It is a congenital tumor, consisting of a network of small vessels, apparently both arterial and venous. It increases in size when the child cries or struggles, but there has been no hemorrhage, as is often the case with tumors of this nature. It is necessary to remove the tumor, as it is liable to increase in size, or to give rise to dangerous hemorrhage if wounded.

In this case, the growth is removed by excision, the knife being carried outside of the nevus, through the healthy tissues, to avoid the hemorrhage which would follow if the tumor itself was cut into, as well as to make sure of removing the entire growth. Two small vessels having been secured by ligatures, the wound is closed by the hare-lip suture.

Necrosis of the Femur.

T. H., six years of age, is laboring under a scrofulous disease of the upper and front part of the thigh, of more than nine month's duration, following an attack of measles. There are three sinuses which discharge pus freely. A probe passes readily along one of the sinuses and comes

in contact with the femur, which is carious if not necrosed. The soft parts in the neighborhood are in a state of chronic inflammation. It would not be proper to lay open this sinus and examine the bone, as the child is in a very feeble condition, being pale and thin, and having an irritable, frequent, and small pulse.

The child must be put upon the use of quinine and iron, with a mild but nutritious diet, and the free use of milk punch. The limb is to be painted twice a day with dilute tincture of iodine. An anodyne may be administered at night, if the child is unable to sleep.

Hypertrophy of the Synovial Bursæ over the Olecranon Process.

Augusta S., nine years of age, has a tumor the size of an orange, and of four month's duration, situated upon the elbow of the left arm.

The tumor is soft and fluctuates, evidently containing a fluid, but feels at some points as though it also contained some solid substance.

This affection is usually called bursa mucosa, but a more appropriate name would be synovial bursa, since the tumor was originally a bursa or sack, having a fibrous coat externally, and lined by a synovial membrane for the purpose of secreting a lubricating fluid, thus facilitating the motion of parts between which the bursa is placed. This bursa taking on inflammatory action, increases in size, and its coats become thickened. The synovia is secreted in great abundance, and is changed in consistence, becoming jelly-like, and having sometimes fibrous or fibro-cartilaginous concretions developed in it.

It may be necessary at some future time to incise this tumor, and remove its contents. For the present, paint over the surface twice a day, with a mixture consisting of one part of the tincture of iodine and two of alcohol.

A Case of Club-Thumb.

Robert C., four years of age. This patient has a congenital deformity of the right thumb, the member being flexed and drawn toward the ulnar side of the hand. By dividing subcutaneously the flexor tendons near their insertion, the thumb is restored to a more natural position.

Convergent Strabismus.

1. Emily M., seventeen years of age. A case of single convergent strabismus, which is relieved by dividing the internal straight muscle of the eye in the usual manner. When one eye alone is thus operated upon, it becomes more prominent than its fellow, but this deformity will disappear in time.

2. Eliza M., thirty-seven years of age. This woman, who is the mother of the girl just operated upon, is much deformed by convergent strabismus of both eyes, of twenty year's duration. Both eyes are restored to their natural position by a similar operation to that performed in the last case.

Epithelioma of the Lip.

M. F., seventy-five years of age. This patient first observed the appearance of the disease upon his lower lip one year ago. It is now in an ulcerated condition, and the seat of much pain. A V-shaped portion of the lip including the growth is removed, and the edges of the wound thus made are brought together accurately by the hare-lip suture.

Scrofulous Ophthalmia.

Ellen McC., fifteen months old. The child is pale and emaciated, although the mother, who still nourishes it with her own milk, thinks it has enjoyed good health previous to this attack. The eyes are very sensitive to light, and discharge a small quantity of pus.

That this is a case of *strumous* ophthalmia is shown by the great photophobia, excessive lachrymation, and absence of much redness of the conjunctiva, together with the fact that there are other evidences of a strumous diathesis in the existence of crusta lactea upon the child's head, and of eczema behind its ears. The age of the patient also indicates that the disease is of this nature.

℞. Quiniæ sulphatis, gr. xij.
Ferri sulphatis, gr. vj.
Acidi sulphurici arom., gtt. xx.
Aquæ, f.℥ij. M.

Take a teaspoonful three times a day.

Take also twice a day, a pill consisting of

℞. Hydrarg. chlor. mit., gr.½
Pulv. ipecac., gr.1–6. M.

Polyp of the Nose.

James B., fifteen years of age. The nostril of this patient has been occluded by a tumor for more than a year. The growth may be seen protruding to a slight extent at the right side, it being more perceptible when the patient endeavors to blow through that nostril. There is an occasional discharge of mucus and blood from the affected nostril.

Respiration through the nose is obstructed, compelling the man to sleep with his mouth widely opened, and his voice is also changed in character. The patient is seated in a chair, with his head held back by an assistant, the surgeon standing in front, with a pair of long, slender, polyp-forceps in his right hand. The forceps are introduced with the blades closed, and opened inside the nostril at the pedicle of the tumor, which is attached to the superior turbinated bone,

The blades of the forceps being fenestrated and serrated, the tumor can be grasped very firmly, which being accomplished, the instrument is twisted upon its axis, and the tumor separates from its attachments with a slight noise, and is drawn from the nostril. The tumor resembles an oyster in appearance. It has a few scattered blood-vessels running over it, being covered by a reflection of the mucous membrane of the nose. Upon puncturing the tumor, a fluid escapes which coagulates upon the application of heat or the addition of nitric acid, showing the presence of albumen. This is a good specimen of the gelatinoid polyp, a variety remarkably liable to recur after removal.

Sebaceous Tumor.

John C., nine months old, has a congenital sebaceous tumor situated just behind the eyebrow of the left side, a common situation for growths of this kind. The tumor is removed by incision and enucleation, the incision being made in a line with the eyebrow to avoid an unseemly scar.

In this operation, care must be taken to remove every portion of the cyst, as otherwise the tumor will in all probability return.

Anchylosis of the Finger.

Ephraim B., twenty-one years old. The man was injured by a car-wheel which passed over his hand five months since. The middle finger is now permanently flexed upon the hand, being almost immovable. The finger is removed at the metacarpo-phalangeal articulation by two lateral flaps. The projecting articular extremity of the metacarpal bone having been cut off, the wound is closed by the interrupted suture and adhesive strips.

Editorial Department.

Periscope.

Pepsine Wine.

In the *Amer. Jour. of Med. Sciences* for July, Dr. Reeve, of Dayton, Ohio, calls attention to this preparation of pepsine, which was first proposed by Dr. Geo. Ellis, of Dublin. As pepsine is a standard remedy in our cities, and is of difficult preparation, we commend this preparation as one always at the command of the physician. It is prepared as follows: A fresh rennet from the butcher, cut up into small pieces, is put into a pint of sherry wine, macerated a couple of weeks, strained off, and it is ready for use. A teaspoonful, if properly prepared, will reduce a teacup of milk at 98° to the consistence of blanc mange. In weak and debilitated conditions of the stomach, where food is not properly digested, it will be found that a teaspoonful of the wine, after every meal, will in a short time improve the digestive function to a remarkable degree. In *cholera infantum*, especially, after the little sufferer has been worn down by constant discharges, the stomach is unable to longer digest the food, never mind how properly prepared, a few drops (10—30) to a young infant, after food, will be followed by marked beneficial effects. As this is the season for such aids, we hope our readers will find it as useful as it is said to be.

Hospital Gangrene.

In the July number of the *Amer. Med. Journal* is a report by Dr. Pfeiffer, communicated by Dr. Walter F. Atlee, where buttermilk was used as a local application in Hospital Gangrene. The application was made at the suggestion of Dr. A., after reading the paper of Prof. Samuel Jackson "On the Uses of Sugar and Lactic Acid in the Animal Economy," of which an abstract appeared in a late number of this journal. It was not possible for these observers to obtain sour milk, as recommended by Dr. Jackson, so they substituted buttermilk for it. Since its employment in this case, it has been universally used as a local application at the Satterlee Hospital, in all cases of sloughing wounds, and with the most satisfactory results. It has also been used as a dressing for stumps, immediately after amputation; and it is said to have had the effect of keeping the parts free from the odor which would, under other applications, have been offensive and sloughing.

Reviews and Book Notices.

The Photographic Family Record. Published by Bartleson & Co. Philadelphia: 1865. *Copyrighted.* ***Price,*** **plain $5, fancy, $10.**

This is a very neat way of getting up a family record. It is arranged for a family of twelve children. Should the number be less, the space may be filled by records of relatives, or friends. There are blank marriage certificates, also space for two photographs on each page, of parents and children at different ages. On the page opposite to the photographs are blanks for recording the name, birth-place, date of nativity, descent, names of parents, number of brothers and sisters, education, occupation, politics, religion, marriage, stature, weight, habit, complexion, color of eyes, hair, health, time and place of death, disease, age, with place of interment of each member of the family.

Anything that our profession can do to encourage the keeping of family records should be done, and this is certainly a very attractive way of keeping them. The record is only sold through agents. Any orders we may receive will be handed over to an agent, and filled.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 29, 1865.

THE LATE DR. S. D. WILLARD.

Much to our regret, we have been unable to procure from well informed sources such a biographical sketch of the late Dr. SYLVESTER D. WILLARD, of Albany, New York, as is called for by the eminent position which he held in the city and State of which he was so prominent and worthy a citizen.

We first formed the acquaintance of Dr. WILLARD in our youthful days, when attending school at an academy in his native village in Connecticut. Our recollection of him is that of an agreeable, kind, open-hearted playmate, a great favorite with his companions. It was years before we met again. Meanwhile, he had pursued a thorough course of study, graduating from the Albany Medical College in 1848, where he commenced the practice of medicine, first in connection with his preceptor and relative, the late Dr. WING—while, after several years' residence in the Northern States and the Canadas, we had returned to our native South, afterward studied medicine and graduated from the University of Pennsylvania, two years after he graduated at Albany, and settled in practice in the neighboring State of New Jersey. The positions we severally occupied, led to a correspondence which was pleasantly maintained for several years before we discovered that in years gone by we had been playmates. This discovery of course added interest to our correspondence. The limited opportunities we had for intercourse were insufficient to enable us to speak personally of his inestimable professional and moral worth, and we are under the necessity of making use of the testimony of one who knew him well and appreciated him. We refer to the funeral discourse preached on the occasion of Dr. WILLARD'S death, from the text, "The Beloved Physician," by the Rev. W. B. SPRAGUE, D. D., pastor of the Second Presbyterian Congregation of Albany. He speaks of Dr. WILLARD'S sudden death as having "diffused an air of unwonted gloom throughout the community."

Dr. SYLVESTER DAVID WILLARD was born in Wilton, Conn., on the 19th of June, 1825. He belonged to the same family with those eminent divines, the Rev. SAMUEL WILLARD, author of the celebrated "Body of Divinity," and Vice-President of Harvard College, in the early part of the last century, and of the Rev. Dr. JOSEPH WILLARD, who, at a later period, was President of the same institution. His father was a highly respectable physician, and one of the most influential and honored citizens in the region in which he lived. His mother was a lady of great moral and Christian worth, and did much to impress upon her children her own admirable characteristics. The devotion of this son to his mother is said to have been remarkable; and, as long as he lived, he could never allude to her but that he would seem well nigh overwhelmed by his tender, grateful, and reverential remembrances. He spent his early years at home, and received his literary training at an Academy in his native place. For about a year and a half previous to his reaching the age of twenty, he was occupied in teaching school; though he had already commenced the study of medicine under his father. In the fall of 1845 he went to Albany, upon an invitation of his relative, Dr. WING—in whom he always found a faithful friend—and placed himself under his medical instruction; and shortly after, he was entered as a regular student in the Medical College.

After serving for some time as an assistant to Dr. WING, he commenced practice on his own responsibility; and though at first, as might have been expected from his youth and inexperience, his practice was quite limited, yet the demand for his services was gradually but constantly increasing till the close of his life. He very early attracted the attention and gained the confidence of that eminent man, the late Dr. BECK; and to him perhaps more than any other individual was he indebted for the earliest expressions of public respect and confidence which were awarded to him. He became connected with the County Medical Society shortly after he commenced practice, and served successively as its Secretary, Vice-President, and President. In 1858 he was a delegate to the State Medical Society, and was appointed its Permanent Secretary—an office which he signally honored, especially by preparing, each successive year, a volume of the Society's Transactions, marked by great minuteness and the utmost accuracy. From the commencement of the rebellion in 1861, he felt the most intense desire for its speedy and entire suppression; and his whole heart went into every movement that was made toward this end. In the spring of 1862, he went to act as a voluntary surgeon to the Army of the Potomac. From Fortress Monroe he proceeded to the White House, where he had an important agency in establishing a large field hospital, and thus bringing immediate relief to many hundreds of our wounded soldiers. The scenes which he witnessed during

this visit impressed his mind and his heart indelibly, and gave him a sense of the horrors of war which seemed almost like a new element of his being. During his brief sojourn there—and we believe the period did not exceed two weeks—he suffered the severest hardships in the way of both labor and exposure, and contracted a disease which developed itself more fully after his return, and which there is some reason to believe was never entirely dislodged from his constitution. The fortnight which he spent in the army supplied him with materials for reflection and conversation, which no doubt would still have been fresh, if his life had been prolonged through fourscore years.

But the most important public enterprise in which Dr. Willard has ever engaged, was no doubt that, to the completion of which he was looking forward with an all-absorbing interest, when death so suddenly brought his labors to a close—we mean the establishment of an institution for the relief of the insane poor. His mind had been directed to this subject for a considerable time; and he had collected a vast amount of information bearing upon it, which he had embodied in a luminous and elaborate report—that report had met with a most respectful acceptance from the Legislature, and everything indicated the speedy carrying out of the plan which it proposed, when the author of the report and the originator of the plan suddenly found that his days of benevolent activity on earth were numbered. So good a purpose, conceived and matured by a spirit of such enlarged philanthropy, we may reasonably expect will find other hands to foster and promote it, and carry it on to its full completion.

The crowning testimony in honor of Dr. Willard was his appointment by the present Chief-Magistrate of New York to the office of Surgeon-General of that state. To the responsibilities of this high trust he had already proved himself fully adequate; and probably there could not have been found a more efficient auxiliary than he in sustaining and carrying forward those interests with which he was more immediately charged. But the duties of this office, in addition to his more private professional engagements, and other diversified claims upon his time, imposed upon him a burden greater than his physical constitution was able to bear, and a sudden attack of disease—occasioned, as he himself believed, by excessive exertion—was followed by great prostration and speedy death.

Dr. Willard's intellectual character was marked by quick perception, sound judgment, retentive memory, and much more than the ordinary power of analysis and investigation. Not only was he a diligent student of books, but a close observer of men and things; the result of which was that he had acquired a very large amount not only of professional but also of general knowledge. He had an easy and graceful style of communication, whether with the lips or by the pen; and the correctness and force and beauty of his writing might shame many a man who has had the advantages—which *he* never enjoyed—of a regular classical education. He had large executive ability—the power of readily bringing other minds into harmony with his own; and hence he sometimes accomplished his ends so easily that he was himself hardly conscious of having put forth an effort. He had, moreover, an exquisite taste—an eye to discern whatever is beautiful in nature or art; and the delicacy of his perception, especially in regard to architectural proportions was well nigh unrivalled. His moral qualities were akin to his intellectual. He had great simplicity and directness of character. Though by no means lacking in suitable caution and discretion in his intercourse with his fellowmen, yet he was incapable of anything approaching to disingenuous artifice—his actions, faithfully interpreted, were always a true index to the movements of his mind and heart. With him the question—"What is right?"—was all-absorbing; and that question he sought to settle by the light from above and from within, without listening to the pleas of expediency or of imagined self-interest. The tone of his spirit was eminently genial and cheerful; and this, in connection with his fine intellectual qualities, and more than ordinarily attractive manners, made him a most agreeable companion.

But the intellectual and moral qualities with which he was originally endowed were essentially modified in their action by the quickening and elevating influences of Christianity; and though he was not very demonstrative in any of his habits, his general course of life showed him a consistent and earnest Christian.

It will be difficult for the Medical Society of the State of New York to supply the vacancy in its Permanent Secretaryship occasioned by the death of Dr. Willard. The enviable position occupied by that Society is greatly due to his labors. It is one of the best organized and most useful of our State Medical Societies. The Medical Society of Albany County, N. Y., will have occasion to remember Dr. Willard through all time for his history of that Society, published about a year since.

Dr WILLARD was married March 5th, 1861, to Miss ELLEN SPENCE, of Murfreesboro, Tenn., who is left to mourn the loss of one of the best of husbands and fathers.

Notes and Comments.

Improvement.

Our readers will observe that we are using a much better paper in printing the REPORTER than we have used for several years past, and that the size of the work has also been increased. A further increase in size is contemplated before long, besides other and more important improvements, which we hope to be able to announce soon.

Association of Resident Physicians.

☞ We are requested to call the special attention of all resident physicians of civil hospitals in this city to a meeting to be held in the library of the Philadelphia Hospital at three o'clock next Thursday afternoon, August 3d. This meeting is called for the purpose of taking into consideration the formation of an Association of Resident Physicians of Hospitals, the object being mutual improvement.

We are very glad that such a movement is on foot. An association of the kind contemplated would be of incalculable advantage to its members, and its transactions would be well worth preserving. We trust that *all* resident physicians of hospitals in this city will be present next Thursday.

Hospitals to be Closed.

All the Government hospitals in this Department, with the exception of Chestnut Hill Hospital, have been ordered to be closed. Surgeon LEWIS M. TAYLOR has been ordered to take charge of this hospital, and fill the vacancy caused by the death of Surgeon JOSEPH HOPKINSON.

We notice that the brevet of Lieutenant-Colonel was lately conferred on Dr. HOPKINSON, dating from the fourth of March last. The honor was not received, however, until after the doctor's death.

Chief of Bureau of Medicine and Surgery in the Navy.

Dr. PHINEAS J. HORWITZ, of Pennsylvania, has received the appointment of Chief of the Bureau of Medicine and Surgery in the Navy, *vice* Dr. WILLIAM WHEELAN, deceased. Dr. HORWITZ has long been connected with the Navy, and has been a popular and efficient officer in the service.

The Plague in Asia.

Last week we mentioned that a disease supposed to be the cholera, had been committing terrible ravages in Arabia, and had invaded Egpyt, and was advancing westwardly. The following particulars in regard to it we find in the newspapers.

While the Russian disease has raged with such ferocity in the north of Europe, the southwestern part of Asia has been suffering from a terrible visitation of the same kind. The Levant *Herald* of June 7th says that letters from Medina give a frightful account of the ravages of the epidemic now raging both at that city and Mecca. It takes the form both of typhus and cholera. On the eve of Courban-Beiram, and during the first and second days of the feast, this terrible scourge carried off no less than forty-six thousand victims among the pilgrims, and though the intensity of the plague is somewhat abated, multitudes still perish. The inhabitants have fled, and the streets are filled with corpses. Of the Persian pilgrims alone, no less than five thousand have fallen victims, among whom is the Shiek MIRZA HACHIM, who, saint as he was reputed to be, has perished with his whole household, composed of ten persons. Sheriff ABDULLAH PACHA has taken refuge at Taif, and the Governor-General, VEDJI PACHA, after having lost a son and a daughter, has himself fallen dangerously ill.

Correspondence.

DOMESTIC.

A Visit to the U. S. Army Medical Museum.

EDITOR MED. AND SURGICAL REPORTER:

On a recent visit to Washington I embraced the opportunity to look into that new and useful institution, the Army Medical Museum.

The museum is located on H, between 14th street and New York avenue, in a handsome brown-stone building, two stories in height. It was established in August, 1862. In January, 1863, it contained 1349 objects; of which 935 were surgical specimens; 106 medical; 133 missiles, which for the most part have been extracted from the human body. This latter class includes round and conical bullets, shot, grape, canister, and fragments of shells, arrows and arrow-heads. The building is divided into two compartments. On the first floor we have on entering, models of the old and more recent forms of ambulances; also medical wagons, etc. In the centre there is a case containing plaster casts; of which there are about three hundred representations of stumps, plastic operations, incisions, and the general operations of surgery. Several of them are of great interest. Among the rest it contains a cast of a

case in which the jaw-bone, side of the nose, etc., were lost. On this case was founded the order of the late Surgeon-General Hammond against the use of calomel; it having been produced in one of the western hospitals, and subsequently sent to New York, where he was relieved by a plastic operation, by Dr. Gurdon Buck, and which is well shown in the three casts.

On the upper floor there are four cabinets. The two central ones contain dry preparations, exhibiting recent fractures, and attempts at repair; these follow a natural division of cranium and upper extremities, and the trunk, pelvis and lower extremities. At the time of my visit the number in the collection was increased to 4200; of these 500 are medical, 350 missiles, 400 photographic illustrations of diseases and injuries of bones and fractures. Many of these are microscopic in their character, and are executed with great fidelity and beauty. Most of the fractures are the result of projectiles, but now and then you have cases of fracture caused by accidents on railways and army wagons. There is a very interesting collection of projectiles for small arms and field guns; also the various patterns of bayonets used in the U. S. army and foreign service. In specimens of gun-shot fractures on long and flat bones, it is clearly shown that the conical bullet produces the most disastrous results and comminuted fractures, while the round bullet is almost always flattened against the bone, without producing fracture. So great is the force of the conical bullet, that at the battle of Gettysburg it passed through an armour-plate on the chest of a rebel soldier, making a clean incision, and killing him instantly. And in India it has been known to pass through ten bodies in succession, killing in every instance.

The medical series of the museum is remarkably rich in illustrations of malarious diseases—typhoid fever, and chronic diarrhœa. These are chiefly of diseases of the ilium, cœcum, and transverse colon, including many beautiful illustrations of diseased conditions of the glands of Peyer; also tubercular ulcers of the small intestines, diseases of the heart, lungs, liver, spleen, and kidneys. There is a very unique specimen in plaster of a carcinoma of the liver, which weighed 9½ pounds, and is beautifully colored. The Curator of this museum is Dr. Geo. A. Otis, of Massachusetts, Surgeon of the U. S. Volunteers. The Anatomist is Dr. Shafhirt, formerly of this city.

In concluding my notice of this collection, I am pleased to state that it surpasses any collection I visited after the Crimean war, either in England or France, and will well repay a careful study. To the efficient and practical head of the Army Medical department, Major-General Barnes, a native of this city, I am much indebted for the opportunity of seeing several most interesting and instructive photographic views of resections, diseased bones, bayonet wounds, etc.

Laurence Turnbull, M. D.

Philadelphia, July, 1865.

Smoking Arsenic with Tobacco.

Editor Med. and Surgical Reporter:

The readers of the Reporter, who may have had any experience in regard to the smoking of arsenic with tobacco, are requested by a correspondent—Vol. XII., No. 413—to communicate the same through your valuable medium for his benefit.

In answer to this request, I am willing to impart what slight knowledge my limited experience will permit on the subject. I used Fowler's solution, f.ʒiv. to a pound of fine cut tobacco. Put the tobacco on a large earthen dish, then sprinkle on the solution, stir well, that the whole may be of uniform strength; let the patient smoke after each meal, and on going to bed.

For a substitute the verbascum thapsus folia, well dried and cut fine, will answer very well in the place of the tobacco,—the quantities the same as the above. I prescribed it to a patient recently in a case of phthisis with good result, thus far, together with other medicines. The patient stated to me that she had to smoke tobacco frequently during the night, consequently had burned a lamp nightly for the last six months. She used the arsenical preparation, and at the end of one week could dispense with the lamp altogether.

Flint L. Keyes.

Jerseyville, Canada West, July 17th, 1865.

News and Miscellany.

Hampton General Hospital.

There are 2100 patients in the Hampton General Hospitals at Fortress Monroe at the present time, mostly colored.

The number of patients admitted into these hospitals during the last fourteen months has been 26,122
Returned to duty, ... 7,113
Transferred to other hospitals, . . 8,827
Died, ... 2,085
Discharged, ... 2,072

The balance admitted are rebels and civilians.

Dr. Ely McClellan, of Philadelphia, who has had charge of these hospitals for nearly three years, has recently been relieved and ordered to duty in that city. Dr. J. F. Frantz assumes the position vacated by Dr. McClellan.

A New Microscope of Astonishing Power.

It is not many months since one of the most eminent of living microscopists expressed his conviction that in the production of object-glasses, with a one twenty-fifth of an inch focus, the microscope had reached its utmost attainable limit of perfection. He added that "it appears impossible to separate or define lines more numerous than ninety thousand in an inch, on account either of the decomposition of light or some other cause. It therefore seems beyond our power ever to discover more of the ultimate composition of bodies by means of the microscope." It is always foolish to use such "thus far and no farther" language in reference to any department of scientific research; but it is not often that its fallaciousness has been demonstrated within so short a period as in the present case. The above extract is taken from a journal dated December 10, 1864; and yet already the one thing which microscopists are now talking about is an object-glass with one fiftieth of an inch focus, recently made by Messrs. POWELL and LEALAND, which was described to the Royal Society by Dr. LIONEL BEALE the other day, and was exhibited at the annual *conversazione* of that society a short time since. This object-glass possesses double the power of the one which we were so lately told, and by so great an authority, was the most powerful we must ever expect to possess, and defines with wonderful distinctness particles which the latter cannot render visible at all. It magnifies three thousand diameters with the low eye-piece, or with a number five-piece fifteen thousand diameters—that is to say, in popular parlance, one thousand five hundred and seventy-five millions of times! It must immensely increase our knowledge of the lower organisms, and may even aid our researches into the ultimate constitution of matter. And who shall say that even its powers may not be exceeded in time?—*London paper.*

Consanguineous Marriages.

Dr. A. MITCHELL has discussed the question of "the Influence which Consanguinity in the Parentage exercises on the Offspring;" and the following are the conclusions at which he has arrived, for which we are indebted to the *Edinburgh Medical Journal.*

1. Consanguinity in parentage tends to injure the offspring. This injury assumes various forms. It may show itself in diminished viability at birth; in feeble constitutions exposing them to increased risk from the invasion of strumous disease in after-life; in bodily defects and malformations; in deprivation or impairment of the senses, especially those of hearing and sight; and, more frequently than in any other way, in errors and disturbances of the nervous system, as in epilepsy, chorea, paralysis, imbecility, idiocy, and moral and intellectual insanity. Sterility or impaired reproductiveness is another result of consanguinity in marriage, but not of such frequent occurrence as has been thought.

2. When the children seem to escape, the injury may show itself in the grandchildren; so that there may be given to the offspring by the kinship of their parents a potential defect which may become actual in their children, and thenceforward appear as an hereditary disease.

3. Many isolated cases, and even groups of cases, present themselves in which no injurious result can be detected. This may occur even when all other circumstances are of an unfavorable character.

4. As regards mental disease, unions between blood-relations influence idiocy and imbecility more than they do the acquired forms of insanity, or those which show themselves after childhood.

5. The amount of idiocy in Scotland is to some extent increased by the prevalence of consanguine marriages, but the frequency of these marriages does not appear to be nearly so great as has been generally supposed.

A Simple Ophthalmoscope.

Dr. J. Z. LAURENCE communicates the following to the *British Medical Journal*: "I find that if a convex lens of about two inches focus be placed in close apposition with a concave one of about nine inches focus, and this combination be held before the patient's eye, at the distance the object-lens of an ordinary ophthalmoscope usually is, it forms an ophthalmoscope, uniting in itself the reflecting and refracting elements of that instrument. For, whilst the light from a flame is reflected by two surfaces (the outer concave surface of the concave lens and the internal surface of the convex one) into the patient's eye, it is also, on its emergence therefrom, refracted by the effective convex element of the combination, so as to form the usual indirect image of the fundus oculi at the focal length. With such a rough combination, I have been able to obtain a distinct image of the optic nerve, retinal vessels, etc.; and I may hence not unreasonably hope a properly constructed meniscus will in itself fulfil the conditions of the mirror and object-lens of an ordinary ophthalmoscope."

Improvement of Wines.

It was long a well known fact, says the *Med. News*, quoting from the *Lancet*, that Bordeaux wine which crossed the tropics acquired additional flavor (and the "Bordeaux retour de l'Inde" has always been in great repute amongst connoisseurs), when recently it was discovered that Burgundy could be equally improved under similar circumstances. In the memoir which was read at the Academy a fortnight ago, M. VERGNETTE DE LAMOTHE, its author, relates that, his attention had been called to this subject, he had discovered that the true cause of this amelioration must be attributed to the heat of the climes through which the wine passes, and he had tried the effect of artificial heat with complete success. Submitted to a temperance of 40 deg. (centigrade), the wine had become just as good as that which had returned from foreign climes. This conclusion M. PASTEUR confirmed in the discussion which followed. He mentioned that all diseases of wine are owing to microscopical ferments; and that after having employed with invariable failure, all sorts of means to combat them, he had at last found that an elevated temperature, whilst destroying the noxious bodies, gave considerable relish to the wine.

The Cholera in Egypt.

An Alexandria telegram of July 5, reports considerable diminution in the cholera. There were eighteen deaths on the 4th. The epidemic was stationary at Cairo.

New Rubber Cement.

I have purchased rubber cement of different makers, but have found none so inexpensive, or that dries so rapidly, as a kind made with benzine in the following manner: Cut virgin or native rubber with a wet knife into the thinnest possible slices, and with shears divide these into threads as fine as fine yarn; the finer it is divided the better the cement, and quicker made. Put a small quantity of the threads (say one-tenth or less of the capacity of the bottle) into a wide-mouthed bottle, and fill it three-quarters full with benzine of good quality, perfectly free from oil—such as may be procured at any paint shop for about sixty cents per gallon. The rubber will swell up almost immediately, and in a few days, especially if often shaken, assume the consistence of honey, with a thick sediment at the bottom, which does no harm. Of course it must be well corked except at the time of using. If it incline to remain in undissolved masses, more benzine must be added; but if too thin and watery, it needs more rubber. A piece of solid rubber of the bulk of a walnut will make a pint, more or less, of the cement of proper consistency. This cement dries in a few minutes, and by using three coats in the usual manner will unite leather straps, patches, rubber soles, backs of books, etc., with exceeding firmness. It succeeds perfectly, if benzine free from oil is used in making it; while chloroform is twenty times more expensive, and cannot result in a better product.—*Scientific American.*

Curious Statistics.

The population of Plattsburgh, N. Y., is now 4133. The oldest couple found were husband one hundred and five and wife ninety-five; have lived together seventy-eight years, and had fourteen children. The youngest mother found was aged fifteen years, with a child over one year old, and her husband in the army; twenty-nine mothers who have had ten children each, sixteen who have had eleven, eight who have had fourteen, four who have had sixteen, three who have had seventeen, two who have had eighteen, one who has had twenty, and one who has had twenty-three. There are in the village seventy-nine mothers who have had in the aggregate nine hundred and fifty-six children.

Army and Navy News.

ARMY.

Assigned.—The following-named medical officers have been assigned to duty by Surgeon-General Barnes as Medical Directors of the Military Geographical Departments hereinafter mentioned:

Surgeon Wm. J. Sloane, U. S. A., Department of the East; Surgeon Josiah Simpson, U. S. A., Middle Department; Surgeon Charles S. Tripler, U. S. A., Department of the Ohio; Surgeon E. Cooper, U. S. A., Department of the Tennessee; Surgeon Alonzo J. Phelps, U. S. Vols., Department of Kentucky; Surgeon Eugene H. Abadie, U. S. A., Department of the Missouri; Surgeon James Simons, U. S. A., Department of Virginia; Surgeon D. W. Hand, U. S. Vols, Department of North Carolina; Surgeon M. Clymer, U. S. Vols., Department of South Carolina; Surgeon J. H. Boucher, U. S. Vols., Department of Georgia; Surgeon A. B. Hauers U. S. A., Department of Florida; Surgeon A. E. Goodman, U. S. Vols., Department of Mississippi; Surgeon J. R. Smith, U. S. A., Department of Arkansas; Surgeon P. G. S. Tenbroek, U. S. A., Department of the Columbia; Surgeon Chas. McCormick, U. S. A., Department of California.

MARRIED.

Bennet—Hicks.—In Brooklyn, on Tuesday, July 18, at the residence of the bride's father, by the Rev. J. E. Rockwell, George H. R. Bennet, M. D., and Adelia S., daughter of John M. Hicks, Esq.

Piper—Cumliff.—July 6th, Dr. Ira R. Piper, and Miss Barbara Cumliff, both of Allegheny county, Pa.

Vondersmith—Close.—At St. Paul's M. E. Church, on Tuesday, July 18, by Rev. John Pegg, Jr., Samuel P. Vondersmith, M. D., U. S. A., and Evelina H. Tompkins, daughter of William Close, Esq., both of New York.

DIED.

Blaker.—In this city, on the 18th inst., of disease contracted while surgeon in the army, Gilbert H. Blaker, M. D, in the 47th year of his age.

Corson.—In Montgomery county, Pa., on Thursday, 20th instant, Miss Caroline Corson, eldest daughter of Dr. Hiram and Ann J. Corson.

ANSWERS TO CORRESPONDENTS.

Dr. J. A. J., Oley P. O., Pa.—Elastic stocking sent by mail, July 19th.

Dr. D. W. H., Wauseon, Ohio.—Byford on Chronic Diseases, Skoda on Auscultation, sent by mail, July 19th.

Dr. W. H., Pottsville, Ohio.—Turnbull on Ophthalmoscope, Do. on Nervous Deafness, sent by mail, July 19th.

METEOROLOGY.

July	17,	18,	19,	20.	21,	22,	23.
Wind	N.	N. W.	S.	S W.	S. E.	N.	N.
Weather	Clear.	Clear	Cl'dy, High Wind.	Clear, High Wind.	Clear.	Cl'dy, Rain.	Clear.
Depth Rain						1-10	
Thermometer.							
Minimum	66°	57°	61°	72°	60°	70°	61°
At 8 A. M.	69	68	73	79	80	72	70
At 12 M.	72	75	79	83	85	75	77
At 3 P. M.	72	78	78	84	86	78	76
Mean	69.75	69.50	72 75	79.50	79 25	73.75	71.
Barometer.							
At 12 M.	29.8	30.	30.	30.	30 2	30.1	30 1

Germantown, Pa. R. J. Lebdon.

WANTED.

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" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64, Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers, of* No. 414, Feb. 4, 1865.